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ORIGINAL COMMUNICATIONS.

ARTICLE I.—*The Medicinal properties and use of Iodine.*—Read before the Æsculapian Society, May, 1855, by F. R. PAYNE, M. D., Marshall, Ill.

WE live in an age of improvement, at least one that surpasses all others in activity, enterprise, and innovation. Among these evidences of intelligence and industry, the Profession of Medicine is far from being in the back ground. Within the last few years we have had several valuable accessions to our Science, and we have every reason to believe that the spirit of inquiry which led to these discoveries will not die out when the present generation has passed away. My attention has for many years been directed to the Medicinal properties of Iodine, and the object of this paper will be fully attained should I be successful in eliciting a willingness on the part of my professional brethren (who are more highly favored than myself) to more thoroughly test the curative properties of this valuable remedy. It has been an agent that has long been known to exert a powerful and extensive influence on the animal economy, consequently we cannot at this time refer to all the indications for its use.

Perhaps no country practitioner has used it more extensively than I, and my suggestions are based upon my experience in the use of the remedy. Iodine in small doses is a tonic—it increases

the appetite and improves faulty nutrition. It also exerts a powerful influence upon the absorbents and glandular system. Being satisfied that it possessed this power in an eminent degree, I have been induced to test its virtue in the cure of incipient phthisis pulmonalis. Many remedies have been suggested for the cure of this formidable malady, but all in turn have been abandoned and the profession generally induced to believe that no remedy yet discovered could be relied on in the treatment of this disease.—Recently, however, there are found some eminent physicians who firmly believe that phthisis pulmonalis may occasionally, in one stage or another, be cured. If it can be successfully treated in one case, or even a spontaneous cure is effected, have we not reason to hope for a similar result in many cases. Should we be able to discover a remedy that will excite the absorbents to such a degree as to remove tuburculous matter—subdue the diathesis, and by so doing prevent the deposition of other tubercles, then will we have arrived at an important period in the history of medicine,—then will thousands of the most gifted and beautiful of our race be saved from a premature grave.

As evidences of the curability of incipient phthisis pulmonalis, I desire to introduce a brief synopsis of two cases successfully treated with with Iodine.

Mr. L., age 64 years, on the 15th day of November, 1853, labored under the following symptoms: Pain in the breast referred to the apex of left lung, more or less cough, particularly when lying down and in the morning, expectoration of a tough mucus consistence, and but little thrown up, fever with regular exacerbations followed with night sweats, gradual emaciation without sufficient visible cause, appetite capricious,—patient had for some days been troubled with diarrhœa. The digestive organs did not perform their healthy functions. He was very ingenious in presenting arguments to convince me that his lungs were not seriously affected. He was able to be up part of the day, but could not endure much exercise.

The physical signs were such in connection with the rational evidence in the case, as to induce me to believe that it was an unmistakable case of incipient phthisis pulmonalis. At the apex of

the left lobe of the lungs there was dulness on percussion; this condition was not found to exist in any other part of the lungs. The breathing was insufficient and coarse, there was a peculiar resonance of the voice, an abnormal click-like sound when he spoke or coughed, a kind of sound more easily imagined than described. Broncophony and bronchial respiration could be heard, and differed from that of health by being distinctly audible near the humeral extremity of the clavicle. With such an array of symptoms there seemed but little grounds for doubting the existence of tubercular deposits. But still the evidence was not absolutely certain, yet the symptoms could not be distinguished from those which have been characterized incipient phthisis, which, in hundreds of cases, have not been interrupted, but passed on through all the different stages of the disease to a fatal termination.

Without making known to him or his family the character of the disease, I directed

Pil. Hyd. grs. VI.
Opii " I.

to be taken at bed time. In a few days I directed the following mixture:

Comp. Syrp. Sarsaparl. ℥ III.
Tct. Iodine, ℥ III.

A teaspoonful to be taken every six hours. Directed the use of the nitro-muriatic bath four times per week. He was also directed to use a nutritious diet, boiled pork and eggs in moderate quantities. He continued to use the Iodine without interruption for three months, during which time I used occasionally a Dover powder or dose of morphine to procure rest. Several weeks passed without any favorable change in the symptoms, but rather an aggravation. The expectoration became puriform, streaked occasionally with blood, his feet became edematous. Notwithstanding all this the remedy was continued, and part of the time given in larger doses. About the first of Feb., 1854, the unfavorable symptoms began gradually to disappear, and by the 15th of that month, which was about three months after he commenced the use of the Iodine, the expectoration and cough ceased, and he was so much improved in every respect that the remedy was dis-

continued, and he is now a hearty man for his age, without any perceivable symptoms of phthisis.

Case 2d.—On the first day of June, 1855, Mr. W. called at my office for medical advice; he was 34 years of age, and engineer on the Wabash Valley Railroad. He had nearly all the rational symptoms enumerated in the preceding case, but the physical signs did not clearly establish the truthfulness of those symptoms. He had cough, hectic fever, emaciation, pain in the left lung, but it was in the middle lobe, or near the nipple, cough troubled him very much while lying down and early in the morning. But still there was but little dullness on percussion, there was but little morbid sound when he spoke or coughed. With such symptoms, my diagnosis was incipient consumption, although the evidence was not conclusive. I ordered the same treatment as in the first case, but in a few weeks the cough left, night sweats subsided. He is a small man, but in three months under the above treatment he gained twenty five pounds, and now enjoys good health.

I do not wish to be understood as pronouncing all cases of phthisis pulmonalis curable; facts will not justify such a conclusion. But that the disease has frequently been cured I do not entertain a doubt. The first and most important indication in the treatment of this disease is, to improve faulty nutrition. Codliver oil has gained much reputation in the cure of phthisis, but we incline to the belief that the virtue of this remedy may be attributed to the fact that it is easily assimilated, consequently its remedial effects are referable more to its nutritious than to its medicinal properties. Dr. Williams, in his Principles of Medicine, says he has "for years referred tubercle to a deranged condition of the nutritive material. In many cases they are found disseminated in so many textures, after few or no symptoms of inflammation, that it is imposible to regard them otherwise than as the result of modified textural nutrition. Dr. J. A. Bennett, of Edinburgh, in a work recently published, says—"We are warranted in drawing the conclusion, that if during the advance of phthisis pulmonalis, those means can be discovered which check further tubercular exudation and keep the strength and nutritive process of the economy

such tubercular exudations as have occurred, will be rendered abortive, and that even large ulcerations will heal up and cicatrize. The important point, practically, is to ascertain what these means are, and how they may be put into operation." M. Piorry read a paper to the French Academy of Medicine on the 24th day of January, 1854, in which he recommended Iodine inhalations for the cure of phthisis. He refers to thirty-one cases treated by inhaling the tinct. and vapor of Iodine, twenty of whom were benefited, seven apparently cured, and four deaths without any amelioration. Dr. Wood, in his practice of Medicine, speaking in regard to the curability of consumption, says—"I am not one of those who believe that phthisis is in all cases necessarily fatal.—On the contrary, I believe that in one stage or another, it is occasionally cured, or at least ends in perfect recovery." With such testimony before us, we hope no physician will be so skeptical in regard to the cure of phthisis, as to reject all curative treatment. If the disease is curable, the profession owes it to humanity to seek out the remedy.

In the cure of *dyspepsia*, that congeries of disease, the prevailing malady of civilized life, I have found Iodine far superior to all other remedies. It is admissable in any form of the disease not attended with inflammation of the stomach. I have used it in a great variety of cases, with the most salutary results. It is best administered in the following formula:

℞ Sang. Canadensis,	ʒ I.
Podoph. Pil. Rad.	ʒ I.
Rad. Gentian,	℥ I.
Hondoms Sarsaparilla,	℥ I.

Put in one pt. water, boil to ½ pt., strain and add,

Tct. Iodine,	℥ I.
Oil Sasafras,	gtt. XX.
Sach. Alba,	℥ III.
Brandy,	½ pt.

Of this mixture I give from one to two drms. three or four times per day. Some may suppose that the benefit is derived from the articles combined with the Iodine in the above mixture, but this cannot be the case, from the fact that when the Iodine is left out,

the mixture is comparatively worthless. I have used this remedy in scrofulous affections, amenorrhœa, dysmenorrhœa, and chronic diseases of the liver and spleen, with unequivocal benefit. In *nursing sore mouth* Iodide Potassium is far superior to all other remedies. I have used it with extraordinary benefit in many cases.

Time will not permit me to extend these remarks further, but it is hoped the hints herein presented, will induce others more competent than myself, to test more fully the curative properties of Iodine in the treatment of the diseases to which I have referred.

ARTICLE II.—*A Case of Injury of the Knee-Joint with Successful Recovery.* By WILLIAM WATSON, M. D.

March 23, was called to see T. B——, aged 10; found him with a transverse incision just above the patella of the right knee, about three inches in length. It commenced near the inner line of the tendon of the Triceps, extending downwards and outwards, having fractured the outer Tuberosity of the Tibia and severed the tendon of Triceps, laying open the knee-joint. By the contraction of the muscles the fractured bone was occupying the wound. The hemorrhage had been inconsiderable; having removed the coagula some synovia escaped from the wound. Upon replacing the fragment I found some difficulty in keeping it *in situ*. In order more effectually to do so and adapt the parts more accurately I placed two interrupted sutures in the divided tendon, taking care not to include more than one half the thickness of the tendon, having clipped one end close and brought the other out at the most dependent part. The wound was closed by interrupted sutures and adhesive straps, a roller being applied the whole length of the leg; it was placed on a long splint with the knee raised, (for this a fracture box was soon after substituted) and the whole was suspended so as to allow entire rest when the body was moved: cold water dressings were applied, and a dose of laxative medicine given to open the bowels.

24th and 25th. Saw the patient each day. No untoward symptoms have appeared; he has rested well and been entirely free from pain.

26th. Some inflammation and discharge, applied cold water freely.

27th. The inflammation has subsided, union by first intention having taken place to a considerable extent and the sutures in the integuments showing signs of ulceration they were removed; the tongue being coated and the bowels constipated. Gave pills of blue mass. and comp. ext. col.

28th to April 1st. The wound progressed favorably, no pain or irritation. The sutures of the tendon came away by slight traction on the 30th, (the 8th day.)

2d. Found the patient, having indulged too freely in amusement the previous day, knee swollen and painful, applied cold water freely with diaphoretics internally. The fever assuming an intermittent type yielded readily to antiperiodics.

6th. Saw the patient daily, he had been improving slowly, but to-day found it much swollen with a pulpy appearance of the wound; covered it with sub. mur. hydg., applied dry lint and firm compression to the upper part of the wound, by means of adhesive straps running lengthwise of the leg.

7th. The appearance of the knee much improved, the inflammation having subsided considerably. But the swelling remaining, and there being but little discharge a linen tent was introduced into the wound and the dressings continued.

8th. There has been considerable discharge, the wound looking healthy, from this time until the 14th it continued to improve, when the discharge became interrupted with a tendency of the matter to burrow among the muscles of the thigh and about the joint. The roller was reapplied firmly and readjusted as often as it became loosened, or there was any tendency to swelling, until the 25th, when it being nearly healed all dressings were removed except the roller which was continued some weeks to counteract the tendency to swelling of the joint.

The patient was discharged at the expiration of the fifth week, with the knee entirely healed and sufficient motion to allow about one half the usual extent of flexion without pain.

At this time, eleven weeks since the injury, the joint has recovered nearly the natural motion, and he walks with a scarcely perceptible limp.

ARTICLE III.—*Adherent Placenta, Profuse Hæmorrhage, Compression of the Aorta—Removed—Recovery, &c., &c.* By Ira E. Oatman, M. D., of Sacramento City, California.

On the 20th of March, 1855, I was called in this city to consult with a Doctor and a Doctress—the latter having the case in charge.

Mrs. R. æt. 30, of replete habit, has had some chronic disease of the vagina and perhaps cervix uteri, since the recession of a scrofulous eruption on the skin, some eight years ago. Although married many years, she never conceived until she arrived in California.

After a natural labor, she was delivered of a child at 5 o'clock A. M. The Placenta not coming away, there was considerable hœmorrage until 2 o'clock P. M., when it became profuse. At 3 P. M. the *Doctress* being alarmed, sent for the other counsel, who had me called at 4. I found the patient deadly pale, with livid lips, extremities cold and nails blue. She was "*so tired*," thirsty and vomiting, with syncope upon the slightest exertion. The hœmorrhage still continuing.

I urged the immediate removal of the placenta, as the only immunity from speedy death.

Consent being obtained, and the Doc*tress* and Doc*tor*, both declining the operation, I proceeded as follows: Placing the thumb as a safety valve upon the aorta, with the left hand well lubricated, I succeeded in entering the uterus, and in detaching and removing the placenta with the coagula. The uterus contracting but little, with the aorta still firmly held, I compressed the abdomen tightly with a thin bandage and covered it with ice. In thirty minutes the compression of the aorta was removed and no hœmorrhage followed. The case was safe!

The next day there was considerable reaction, with tenderness of the uterus and of the abdomen where the compression was made. She is having a slow but a safe recovery. Contingencies: 1st. It was difficult to compress the aorta on account of the corpulence of the patient; and, 2d. Eleven and a half hours having elapsed since the delivery of the child, the vulva was so irritable, that efforts to pass the hand produced syncope repeatedly,—so that

it required gentle perseverance for fifteen or twenty minutes, to ensure success with safety.

I submit this case to show—1st. That the placenta can be safely detached and removed with the coagula, by using compression of the aorta; when the hæmorrhage incident to that operation without it would be fatal: and 2d. To show the insecurity of ladies during parturition in the case of women, who, though they may have the knowledge, have not the nerve to discharge the responsible duties of the accoucheur under all circumstances;—for, it is obvious in this case, that the placenta should have been detached and removed within an hour or two after delivery—before the hæmorrhage had jeopardized the life of an amiable wife and mother.

Sacramento City, Cal., April 16, 1855.

ARTICLE IV.—*Snake Bites—Treated by Brandy.* By J. R. Thomas, of Monticello, Ind., April, 1855.

You will please pardon me for troubling you with a few remarks on the subject of snake bites. I have been practising in N. W. Indiana for some twelve years, and in this time have been called to visit many patients suffering from the bites of numerous kinds of poisonous serpents. My practice has been to cup the wound freely, if practicable; if not, use suction with the mouth. While operating in this way, I administer brandy, or proof spirits of any kind, in large and frequent doses, and recommend my patients to become intoxicated. if possible; and furthermore, I recommend the use of some mild cathartics. Never have I been compelled to visit my patients more than twice, and often only once.

In August, 1852, I was sent for in great haste to visit Mr. J. H.S.,(Age 38 years, who stands six feet six in his stockings; who, by the way, was very fond of brandy,) who had just been bit on the inside of his left heel by a large rattle snake,—both fangs had been well inserted in the muscles. I treated him as above in 36 hours—wounds sound and well. I gave him in the short time alluded to, 1 quart brandy and 1½ gallons whiskey—all without any intoxication. He wanted more, and I refused to supply his wants.

The next day Mr. H., his next neighbor, was passing along by Mr. J. H. S., and saw him with his pants rolled to his knees and barefooted, wading round in some weeds and grass feeling with his feet. Mr. H. asked him if he had lost anything. Answer —no sir. What are you doing there then? I am hunting a snake. There ain't any liquor only what Doc. Thomas has, and he wont let me have any unless I am snake bit, so I am hunting one.

REMARKS BY ED.—We publish the above not for any intrinsic value which it possesses, but because it affords an interesting example of the *strength* of a man's appetite for *strong drink* on the one hand, and a good specimen of the imperfect record of facts on the other. That any human being should have his nervous system so habituated to the stimulus of Alcohol, that he can take *one quart* of brandy and *one* and *a half gallons* of whiskey in the space of 36 hours, without intoxication, is only equalled by the fact that his appetite for the liquor should be so strong as to cause him to deliberately seek a rattle-snake bite for the sake of more liquor.

But the facts connected with Dr. Thomas's experience in the treatment in snake bites are so imperfectly stated as to destroy entirely their practical value. He reports uniform success with the internal administration of Alcoholic drinks; but he omits altogether to state, at what stage in the symptoms of poisoning he commences their use, or even whether any general symptoms of actual poisoning had occurred at all. To judge correctly of the efficacy of any particular mode of treatment, it is necessary to know the symptoms at the time the medicine is given; simply because it is well known that many such snake bites occur which result in no serious poisoning, when no remedies whatever are used. This fact alone renders the foregoing communication, desitute as it is of all details, comparatively worthless. We receive many such, and our present comments are not so much aimed at this particular paper, as at the frequent practice of *reporting* observations in general terms. The day has gone by for these loose generalizations,—Science requires both fullness and accuracy in all her observed facts.

ART. V.—*Report of a case of Scrofulous Caries of the Head, the Thigh Bone, in an Adult, Cured by Codliver Oil and Iodine Potassium.* By J. R. MILLS, M. D , Huntington, Indiana.

Professor Davis :—Dear Sir :—The following case is one in which I have felt a great interest, and I submit it to your disposal :

Mr. P. Wire, aged 23, scrofulous diathesis, was attacked about the 1st of February last with pneumonia, for which he was treated by Drs. H. and W., of Lagro, for some two weeks, at which time the pneumonic symptoms subsided ; during this time he had suffered some pain in the hip and knee, but of not such severity as to attract much attention until about this time, when it seemed to be the whole difficulty. But the attending physicians considered it of no moment or consequence, and Dr. Sheets, a Uriscopean, and Leyman, an Alopathist, (the two constituting a firm in this place for the convenience and accommodation of people of different views,) were called to take charge of the case. There diagnosis was, "weakness of the nerves," their prognosis unhesitatingly favorable. After these professional ceremonies, and a few remarks on the indications of the urine, the patient was put upon the use of quinine and rhubarb—3 grs. of the former with 6 of the latter every three hours, with mustard to the knee. Such was the treatment for 5 or 6 weeks. During this time they never looked at the hip, in fact never saw it. At this time, 3d of April, I saw the patient, found the history of the case to be that this pain had come on during his first sickness, as before stated, and treated as before, with a gradual increase of weakness His general appearance indicated great prostration, with profuse night sweats, hectic flush of the cheek, diarrhœa. The diseased limb, flexed and proped up and bound to the opposite one, to prevent the shaking of the limb as the family walked over the floor,—could not bear the least motion of the knee, or the least pressure upon the Trocanter Major, in the direction of the Acetabulum without extreme suffering ; while lying still, felt as much pain in the knee as in the hip. I found the Nates on the effected side drawn up, and the lame limb about $\frac{3}{4}$ of an inch the longer.

Such, in brief, is the condition in which I found the patient on the 3d of April last.

The diagnosis was plain; that of scrofulous caries of the thigh bone,—it was at least my diagnosis. I am aware that it is a nice point to diagnose correctly in hip affections, particularly between this disease and chronic ulcerations of the cartilage.

My prognosis was not difficult, for it has always appeared to me, that to diagnose scrofulous caries, was virtually prognosticating the death of the limb, if not the patient, yet I will admit that Drs. may be mistaken,—such was the case in this instance, so far as prognosis was concerned.

I first directed my treatment for the profuse night sweats and diarrhœa, for some three days, when I put in a large seton, gave him Codliver oil in teaspoonful doses every 6 hours, and Iodide Potassium 3 grs. every 6 hours in solution—diet, beef or chicken tea, with perfect rest.

April 12th.—I found him much the same, with less disposition to sweat,—continued treatment.

April 20th.—Patient much the same, except, perhaps, some better appetite, diarrhœa stopped, some night sweats yet. Continued treatment.

April 30th.—I think some little improvement. The patient does not complain when they walk the floor, can move the ankle a little without pain, appetite better, night sweats better. Continued treatment.

May 9th.—I found him this morning evidently better in every particular, can straighten the well leg and support the other alone, and can give the knee some lateral motion, seton acts well, in fine spirits. Continued treatment.

May 20th.—Patient much better, was lifted into a chair yesterday, and sat up some time, every symptom improving.

May 30th.—Still improving, sitting up when helped out. Continued treatment.

June 6th.—Patient hopping about the chouse on crutches, with his leg flexed so the toes just touch the floor.

June 11th.—Patient still improving—out in the yard to-day—no pain in the hip, except the attempt to bear his weight upon the limb. I have left him on the use of the oil. The limb will always be crooked.

Huntington, June 12th, 1855.

ART. VI.—*Report from the Sanitary Committee.* Appointed at the Annual Meeting of Cook Co. Medical Society, held on the first Tuesday of April, 1855—General Observations—Cleanliness of the City—General Condition of the Good Health—Cholera, its connection with temperature and humidity—Tubercular Consumption, &c., &c.

THE resolution requiring the appointment of a Committee to report monthly on the Sanitary condition of Chicago and the progress of disease therein, was first adopted at the Annual Meeting of this Society in April, 1854. And though its reports were not made with perfect regularity, yet they presented a connected history of diseases in the city during the year, and seem to have been of sufficient interest to cause a renewal of the Committee for another year. There having been no meeting of the Society on the first Tuesday in May, the present report will include two months, from the first of April to the first of June inclusive.

Having been absent from the city part of this time, I must rely more than usual upon the observations of others, and can only speak in general terms of the meteorological phenomena of the last two months. With the exception of two or three days during the third week in April, the temperature has been unusually low, so much so as to retard much the progress of vegetation, and cause the spring to be denominated an unusally backward one. There has been less than the average fall of water during the two months and the atmosphere has been more dry than usual. Almost all our rains, too, have been followed by a clear, cold, and dry atmosphere. In all these respects the past two months present a marked variation from the same period in 1854. (See report to this Society, published in the N. W. Med. and Surg. Journal, June, 1854.)

In regard to drainage, cleanliness of streets, and general sanitary regulations, the city remains in substantially the same condition as during the two past years. I cannot learn that the period under consideration has been marked by the prevalence of any particular form of disease, but on the contrary, all concur in representing the general health of the city as having been very good. The city sexton reported the whole number of deaths in April to be 105, and in May 90.

This, for the latter month especially, presents a ratio of mortality more than 50 per cent. less than for the corresponding month last year, and corresponds closely with that for May, 1853, when the city enjoyed a remarkable degree of good health during the entire year. I have been able to learn of but one well authenticated case of cholera, during the past two months, and that occurred in the person of a sailor who had come up the Mississippi River direct from New Orleans, and who was attacked before he reached the city. The symptoms were characteristic and strongly marked, and the case proved speedily fatal. The patient on his arrival was received into a boarding house on Kinzie st., where he was in contact with several other persons. No other cases occurred at the place either then or since.

For the facts in this case I am indebted to Dr. De Laskie Miller, under whose observation it occurred. It occurred on April 28, about the same time that the disease broke out on boats crowded with emigrants on the Upper Mississippi River; and I place it on record as an item that may be of importance hereafter. The philosophical physician, who is ever searching for the causes of disease, whether exciting or predisposing, will not fail to compare the months of May, 1853–4–5, with much care and interest.

In every visible particular the population and general sanitary condition of our city presented the same aspects during the month in each of the years named. And yet during the first and the last the population of our city enjoyed unusually good health, while during the intermediate one was developed the beginning of one of the most severe epidemics to which our city has ever been subjected. Those members of the Society who have attentively noted the meteorological character of the several seasons named will not be at a loss for an adequate cause to explain the difference. The observations made on an extensive scale by the Smithsonian Institute, as well as those gathered from private sources, showed that the spring of 1853 was characterized by an atmosphere containing less than the average amount of moisture, and was throughout the country accompanied by a low ratio of mortality. From personal observations concerning the condition of the atmosphere during the spring and summer of 1854, I was enabled

to report, from time to time, to this society, the fact that the atmosphere from early in April to the latter part of summer, contained more than the ordinary degree of moisture, often indeed amounting almost to saturation, and that there was a very close relationship between the degree of atmospheric heat and moisture combined, and the prevalence of cholera. At the recent annual meeting of the American Medical Association, a very interesting and elaborate report was made by Dr. S. B. Hunt, of Buffalo, on the agency of meteorological changes in the production of disease, in which he pointed out the same relationship as being distinctly visible during the prevalence of cholera in that city in the summer of 1854. I have called attention to this subject now, not for the purpose of entering upon any detailed investigation, but to excite if possible a larger number of members to make daily memorandums both of atmospheric conditions and the prevalence of disease. It is as necessary to do this during seasons of good health as during those characterized by the unusual prevalence of disease. Otherwise the elements of comparison cannot be obtained with that fulness necessary to ensure accuracy of deduction. Again, I have stated, as an exception to the general low temperature of the two past months, that two or three very warm days occurred during the third week in April. The warmest of these days were the 17th and 18th of April, when in this city the mercury rose to 86 degrees F. As near as I have been able to procure dates, it was during this and the following week that the cholera appeared suddenly and fatally on several boats on the upper Mississippi. Being absent from the city at the time I made no note of the atmospheric moisture during that period. If any member of the Society possesses knowledge on that point, he would confer a great favor by reporting it.

Of the 195 deaths which have occurred in the city during the last two months, 35, or more than one sixth of the whole, are reported to have occurred from *Consumption*. We thus see, here, as almost everywhere else in christendom, the ravages of a disease which, though accompanied by none of the terrors incident to the raging pestilence, yet annually carries more victims to the grave than cholera and yellow fever combined. And I allude to it now

solely for the purpose of earnestly soliciting each member to note down the following inquiries, and carefully procure answers to them in reference to each case that may come under observation during the coming six months at least:

1st. Are there traces of hereditary tubercular influence?

2d. At what age did the patient show symptoms of tubercularization?

3d. Was the patient accustomed to eat *fat meat* of any kind after the age of ten years, and if so, to what extent?

4th. Was the patient accustomed to use alcoholic drinks, either fermented or distilled, at any period of life and to any extent, and if so, of what kind?

5th. Since the full development of the disease, has the patient used either alcholic drinks or Cod-Liver Oil as remedies, and if so, with what effect?

Carefully elicited answers to these queries, obtained from a large number of cases and by different members of the profession, might lead to valuable deductions.

Some of them have been suggested by the doctrines inculcated in a paper read before the last annual meeting of the American Medical Association, by Prof. Charles Hooker, of New Haven, Con.

The general idea inculcated by Dr. Hooker, seemed to be that the tubercular diathesis consisted in a defective assimilation of carbonaceous matter, especially that in the form of oils or fat meat. And he made the general statement, that persons who were in anywise disposed to scrofulous or tuberculous disease, and who did not acquire a good relish for the daily use of fat meat before the age of fifteen years, generally died from consumption before 35 years. It is also well known, at the present time, many appear to regard the use of alcoholic liquors as more or less efficacious in counteracting the tendency to tubercular disease. So far as I can learn, all these ideas in regard to alcohol, the oils, and other carbonaceous matters, are founded on no definite or positive data, and consequently are nothing more than vague individual opinions or hypotheses.

ART. VII.—*The Pathology of Fevers; or observations critical and experimental in reference to the nature, varieties, causes and treatment of Fevers.* By N. S. Davis, M. D., Prof. of Pathology. Practice, and Clinical Medicine in Rush Med. College; member of the Amer. Med. Association, &c., &c.

CAUSES OF FEVER.—(*Continued from January Number.*)

If after from five to ten hours fasting, the bulb of a delicately graduated thermometer be inserted under the tongue, with the mouth closed around it for ten minutes, and the same thing repeated an hour after taking a full meal of digestable food, the temperature will be found increased usually to the extent of 1° or 1°5; I have sometimes found it elevated two degrees of Farenheit. It is only a few hours, indeed, since I had an opportunity to put to the test the correctness of this assertion. Having been compelled by professional engagements, to go without food or drink for 18 hours, I found the temperature, indicated by the thermometer, under the tongue to be 97°5, and an hour after dinner, with which a single cup of coffee was drank, the temperature had risen to 99°3, being a fraction less than two degrees.

My experiments on this subject have shown that the temperature of the system increases in proportion to the rapidity of digestion, until that process is nearly completed, when it again begins to decline, and continues gradually diminishing until it reaches the minimum for the healthy individual. This affords a satisfactory explanation of the fact which has long been known, viz:—That the same individual will resist the influence of severe cold much longer when frequently supplied with nutritious food, than when the supply is scanty or entirely cut off. This increase of temperature during digestion may also explain the fact, now pretty well established, that the blood of the vena porte is generally an appreciable degree warmer than either the venous or arterial blood in other parts of the system. Different experimenters have reported different results in regard to the comparative temperature of different internal organs and structures; some claiming that the highest temperature is in the left ventricle of the heart, others in the right, and others again, that it was in the pyloric orifice of the stomach, the mesentery, and the vena-porte.

May not most of these diverse results have been owing to the experiments having been performed at different periods of time after the taking of food?

The facts here developed in reference to the influence of digestion on the *temperature* of the system, fully explain the reason why long fasting or insufficient food so greatly increases the tendency to disease among bodies of men exposed to low temperature, while others exposed to the same degree of cold, but well fed, suffer very little, or none at all. Experience long since demonstrated the fact that in highly malarious districts, those who go out into the fields in the morning *fasting*, are much more liable to an attack of ague, or malarious disease, than those who, though they go out at an hour equally early, uniformly take their breakfast first. The experiments which show that after the long fast of the night the temperature of the body is from one to two degrees lower than after breakfast, afford a satisfactory explanation, inasmuch as the organic actions and vital forces may be regarded as suffering the same depression as the temperature. Another mode by which insufficient nourishment acts as a cause of general fever, is by its alteration of the primary structures, and consequently also of the elementary properties with which these structures are endowed. As all the tissues are constantly undergoing change, the first effect of insufficient supply of nourishment, is to destroy the equilibrium between the nutrition and disintegration. The latter predominating, causes one set of particles to be removed more rapidly than new ones are furnished to fill their places, thereby rendering the very organization of the tissue defective, and lessening what I have styled its tonicity. Again, the same defective supply of nourishment by altering the relative proportion of the nutritive constituents of the blood, would alter in some degree also the mental affinity between the blood and the several structures of the body. This altered affinity or relation of the blood to the primary structures, combines with the impairment of textures, to induce, not the sudden developement of active febrile or other morbid phenomena, but the gradual depression and final failure of the functions of the animal economy. Thus the mind becomes inactive and desponding; the muscular action weak and inefficient; the

capillary circulation enfeebled; and the secretions diminished. This state is often seen in what is styled the *forming* stage of Typhoid Fever, especially among immigrants, and the poorer classes in large cities; and may continue from one to three weeks before the more decided febrile phenomena are developed. That defective nutritive material in the blood and consequent alteration of the relative proportion of its constituents is capable of altering the mutual action between the blood and the secretive structures, is plainly shown in the effects of excessive losses of blood. When a considerable quantity of blood is lost, a rapid absorption of water replaces the requisite bulk in the vessels, but leaves the relative proportion of solid constituents diminished for a much longer time. Patients in such a condition often exhibit not merely muscular weakness, coupled with nervous susceptibility, but they exhibit equal impairment of all the secretory processes. We find deficient moisture in the mouth, torpid bowels, scanty urine, dry skin, and sometimes so much inaction in the liver as to allow the coloring matter of bile to render the patient jaundiced over the whole surface; and all our efforts to remove these defects in secretory action fail, until the natural proportion of the nutritive constituents of the blood is restored.

It is not probable that decided febrile action often arises from the *direct* influence of deficient nourishment. But when such deficiency has induced that impairment of tonicity and vital affinity already described, the consequent failure of the secretory functions generally soon result in the accumulation of an excess of effete matter in the system, which, acting upon the previously impaired organic properties, rapidly induce those perverted actions which constitute the common phenomena of the lower grades of fever. In practice, we seldom find deficient nourishment acting *alone*, as a cause of disease. It is almost always associated, either with excessive exercise, defective clothing, or impure air; and often with all these combined.

The effects of prolonged and undue physical exercise, are not very unlike those produced by deficient nourishment. The exercise or natural action of any tissue, is well known to facilitate both the circulation through and the organic changes in the tissue it-

self. Hence, when such exercise is only regular and moderate it simply favors healthy nutrition; but when too severe or too prolonged it causes the waste of matter from the tissue to predominate over that of supply by nutrition, and the result is an impairment of texture and functions with all the more remote consequences previously described. And it is well known that muscular exercise may be so prolonged as to entirely exhaust the susceptibility of the fibre, and render it incapable of further contraction. The same is true of the involuntary as well as the voluntary system of muscles. Thus, the animal long pursued in the chase, not merely exhausts his voluntary muscles, but sometimes drops dead from the failure of susceptibility and contraction in the heart itself. Soldiers on long and rapid marches, and in the midst of protracted engagements on the battle-field, sometimes die from the same cause. The danger of producing serious consequences from over exercise is greatly increased if accompanied by mental depression, anxiety, or fear.

Much has been written on the *Mind* and its alleged mysterious connection with the body, and yet the influences of its various conditions in favoring or retarding the development and progress of disease is but imperfectly appreciated. All know that, as a general rule, a cheerful, placid, and hopeful condition of mind gives rise to a free circulation, active innervation, and healthy nutrition; effects which tend strongly to counteract the development of morbid action in any part of the animal economy. Hence, individuals enjoying habitually these qualities of mind, are both less liable to attacks of disease, and more likely to recover when attacked, than almost any other class. For the same reason they are apt to live much beyond the average duration of human life. While such are the happy influences of cheerfulness and hope on the physical system, excessive hilarity habitually indulged favors nervous excitability, and joy sometimes excites the heart to inordinate contractions, inducing dangerous congestion if not sudden death. On the other hand, despondency, grief, and fear, directly depress or lessen all the elementary properties and functions of the physical system. Under their influence the heart acts feebly, the capillary circulation is less active, respiration is slower and

less full, while the whole muscular system is relaxed and feeble. When these mental conditions are strongly marked and long continued, they may so far impair the various functions of the body, as to develop a form of slow nervous or typhoid fever, without the intervention of any other cause. And they at all times greatly increase the predisposition or susceptibility to disease. Thus it is well known that in every season of pestilence, the timid, the desponding, and anxious ones, are far more liable to an attack than those of an opposite mental temperament; and for the same reason they are less likely to recover under the use of the same remedial agents.

These influences of the mind over the body are no more mysterious than any of the other phenomena of life. The brain and nerve tissue, like all other living organized matter, is endowed with its own susceptibility, and the emotions and passions of the mind, as well as the outward objects acting through the senses, are so many excitors or agents capable of exerting as direct an influence on the properties of the brain, as the air does on the lungs or the blood on the heart. Hence, pleasant or exhilerating emotions and impressions increase the susceptibility and tone of the brain or nerve structure, in the same manner that well oxygenated blood increases the susceptibility and contractility of the muscular structures, both voluntary and involuntary. And impure or deficiently oxygenated blood does not more certainly fail to maintain the normal condition of the elementary properties of the muscular structures, than do the saddening emotions and impressions of the mind to preserve in full force the same properties of the brain.—If this be true, and we keep in mind the physiological relations of the brain and nervous centers to all the movements which take place in the system, whether voluntary or involuntary, we shall find no difficulty in conceiving why an emotion or sensation which directly depresses the elementary properties of the brain, should also relax the sphincters, render the muscular system feeble and agitated, and diminish the action of the organs both of circulation and respiration. A knowledge of this subject is of much importance to the practicing physician; for when rightly understood, the various mental conditions furnish as valuable

prophylactic and remedial agents as any of the articles of the Materia Medica.

Impure Air.—The term, impure air, so generally urged as a cause of febrile disease, is very indefinite. In its general sense, it includes all conditions of the atmosphere, characterized by the addition of anything to its natural constituents. It is more commonly, restricted, however, to those conditions of the atmosphere produced by the diffusion in it of the excrementitious matters emanating from the living animal body, and the various products arising from the decomposition of the refuse vegetable and animal matters which always accumulate more or less in cities, and all places where many persons are congregated on a small space of ground. The first class of impurities, namely, those arising directly from the living body, become efficient and active as causes of fever chiefly when concentrated in dwellings and lodging rooms, and are consequently derived mostly from the lungs and skin.

The first, as is well known, eliminates from eight to twelve ounces of carbon in the form of corbonic acid gas, every twenty-four hours, and the latter from twenty-five to thirty ounces during the same period of time; making the aggregate daily elimination from the skin and lungs of a healthy adult more than 40 oz. per day. Nearly all this matter escapes in the form of gasses and aqueous vapor. It consists chiefly of carbonic acid gas, aqueous vapor, and saline matter; but in all cases there is intermixed a sufficient proportion of *animal* matter to be capable of undergoing decomposition or putrefaction. According to the analysis of Mr. Ancell, of London, the amount of *animal* matter contained in the elimination from the skin and lungs of a healthy adult during 24 hours, averages about half an ounce. Nearly all of this is connected with the aqueous vapor and saline matter which escapes through the cutaneous surface. Taking these data as the basis of estimates, it is not difficult to compute the impurity which would be communicated to any limited amount of atmospheric air by a given number of persons. Dr. Joseph M. Smith, of New-York, in an interesting report made to the American Medical Association, in May, 1850, computed the amount thrown off by a family of ten adult persons, within their own dwelling, as follows, viz:

"Let us suppose a family, of which there are hundreds of examples, consisting of ten adult persons, dwelling in a small, ill-ventilated house, and negligent of personal or domestic cleanliness; and further, that the time severally passed within doors by the ten individuals, some of whom are constantly at home, while others are temporarily absent, amount in the aggregate to twelve hours out of every twenty-four. The mass of effete matter thrown out by the lungs and skin, by such a family within their dwelling, in one month, is 500 lbs.; in six months, 3033 lbs. 4 oz.; and in one year, 6083 lbs. 4 oz. Though by far the greater part of these excretions consist of carbonic acid, water, and salts, yet the quantity of ejected *animal* matter is not inconsiderable. It amounts in one month to 6 lbs. 3 oz.; in six months to 37 lbs. 11 oz.; and in one year to 76 lbs."

Again the same writer says:—"Instead of a hypothetical example, let us select one which is reported as actually existing.—'In one of the *cul-de-sacs* in the town of Leeds, there are thirty-four houses, (described as impure and ill-ventilated,) and in ordinary times there dwell in these houses 340 persons, or ten to every house. It is probable that of the 340 persons who ordinarily occupy the thirty-four houses some are children; yet, though this may be true, the occasional itinerant lodgers doubtless make the number residing in each house throughout the year equivalent to ten adult persons. Now if the cutaneous and pulmonary excretions of one adult be 40 oz. per day, then the 340 adults discharge from the lungs and skin within their dwellings, in the half of one day, or twelve hours, (assuming that this is the average of the time passed severally by the whole number in their houses,) 566 lbs, 8 oz, and in the same proportions, in one month 17,000 lbs.; in six months, 103,133 lbs. 4 oz.; and in one year, 206,-833 lbs. 4 oz. It is said there were removed from the place in which the houses in question are situated, during the days of cholera, 75 cart loads of manure—a quantity, allowing each cart load to weigh 1200 lbs., not equal to half of the amount of materials eliminated from the skin and lungs of the 340 persons, within the thirty-four houses, in one year.

If we now calculate the amount of *animal* matter cast out from the 340 persons, in the half of each day, it will be found to be 7

lbs. 1 oz.; and, in corresponding proportions for each day, in one month, 212 lbs. 5 oz.; in six months, 1289 lbs, 6 oz.; and in one year, 2585 lbs. 5 oz.; this last amount being more than two cart loads, each of the weight above mentioned.'"

The reader will easily perceive by these estimates, founded as they are on many carefully performed experiments, that the effete matters passed off in the form of fœces and urine, constitute really but a minor part of what is daily discharged from the system. It is true that of the large quantity thrown out from the skin and lungs, the greater part is in that gaseous or æriform state which causes it to become rapidly diffused, in the atmosphere, and too much diluted to produce evil consequences. Still it will be fully apparent, that when houses are over crowded, or situated in narrow streets, with obstructions to the free circulation of air, or when lodging rooms are small and imperfectly ventilated, even the more diffusable gaseous exhalations, such as the carbonic acid, are accumulated to a degree highly deleterious to health. But the animal matter, the greater part of which is eliminated in connection with the aqeous vapor from the skin, is much less likely to undergo rapid or complete diffusion in the air. Some of it is always retained in the clothing which covers the body, and much of that which actually becomes diffused in the dwellings and lodging rooms along with the vapor, is condensed and becomes attached to the furniture and walls of the apartments, where it may remain until decomposed or chemically changed. It is this effete animal matter, more than any other excrementitious matter of the system, which, if not positively poisonous when eliminated, is always liable, when suffered to accumulate, to undergo further changes, by which those virulent animal poisons are generated that give rise to the more malignant forms of typhoid fever, dysentery, and erysipelas.

And it is only on the supposition that these poisons, when once generated, are capable of becoming attached to the walls of apartments, and furniture, that we can account for the fact sometimes observed of the occurrence of the same disease in the successive tenants of particular rooms, while others perhaps in the same building are entirely exempt. Many examples of this kind are on record; some in which rooms made entirely vacant during several months after typhus fever had occured in them, yet when re-occupied, the same disease again attacked the inmates.

MEDICAL NEWS.

Proceedings of the Æsculapian Society.

The Æsculapian Society met at the 1st. Congregational Church in Marshall, Ill., on Wednesday, the 16th day of June, 1855, Dr. Washburn in the Chair. About forty members attended the meeting. One of the censors being absent, Dr. Thompson was appointed to fill the vacancy.

The reading of essays being in order, Dr. F. R. Payne read a paper on the Medicinal properties and use of Iodine, which was discussed at some length. Dr. Eaton being present was on motion invited to take a seat with the members of the society. The report of the censors being favorable, the following gentlemen were unanimously elected members of the society: Drs. W. D. Craig and J. R. Willet, of Georgetown, Ill.; Dr. W. Leachman, of York, Ill.; and O. Q. Herrick, of Midway, Ill. On Motion of Dr. F. R. Payne—

Resolved, That to become a member of this society, it will be required of each applicant to read and defend a medical thesis before the society, and pass a satisfactory examination before the board of censors. The society then adjourned to meet at half-past one o'clock P. M. Evening Session.

The committee appointed to revise the Constitution, By-Laws, and Code of Ethics, reported through their Chairman, Dr. York. After some amendments the report was adopted, and one thousand copies ordered to be printed, on motion of Dr. S. Thompson.

Resolved, That as the Constitution, By-Laws, Code of Ethics, published and printed in 1844, have been corrected and revised, and the new draught of the Constitution, By-Laws, and Code of Ethics of the National Medical Association now adopted, shall take the place of the old printed form; but this shall not abrogate any By-Laws or Resolutions on the record of this society.

D. J. D. Mitchel reported a case of complicated labor, with shoulder presentation.

Dr. York reported some interesting cases orally. Dr. Stormant read an able paper on the nature and treatment of Eclampsia.

The society adjourned to meet at half-past seven o'clock P. M.

EVENING SESSION.

At night the society met. A respectful audience had assembled to hear a public address. Dr. Richmond was introduced and entertained the company with a very able and interesting address on the rise and progress of medical science. He urged the importance of legalizing dissections, and post mortem examinations.—After the address the society continued in session.

On motion of Dr. Stormant—

Resolved, That the thanks of this society are hereby tendered to Dr. Richmond for his able address, and that he be requested to furnish a copy of the same to the committee of publication for the use of the society.

Dr. Richmond read an essay on Morbus Coxarius. The society adjourned to meet at 8 o'clock to-morrow morning.

MORNING SESSION.

The society met, and on motion of Dr. Logan, Drs. Hamilton and Washburn were added to the publishing committee.

On motion of Dr. Richmond—

Resolved, That a committee of three be appointed to draft a bill to legalize dissections in this State, and secure to physicians the privilege of importing subjects and dissecting materials from any commercial place where they can be legally obtained, and report to this society at its next meeting, whereupon the Chair appointed Drs. Richmond, Banks and Stormant said committee.

Dr. Hunt read a paper on the use of Calomel in which several cases were reported.

Dr. Washburn reported a case of puerperal convulsions, Dr. Hamilton reported a case of inversion of uterus. Dr. McClure presented some very important cases orally. Dr. McCord read an essay on "pneumonia," which elicited a very interesting practical discussion.

On motion of Dr. F. R. Payne, Dr. S. W. Thompson was appointed to attend the State Medical Society.

On motion of Dr. McCord—

Resolved, That we, the members of this society, are in favor of the prohibitory liquor bill as presented to the voters of this state, believing that if it is adopted by the people, it will add to their health, longevity and morals. After an animated debate the resolutions passed. Society then adjourned to meet at half-past one o'clock P. M.

EVENING SESSION.

The following gentlemen were appointed to read essays at the next meeting. Drs. J. Ten Brook, W, D. Craig, L. C. Churchill, A. W. McClure, H. W. Davis, H. R. Payne, and Maxwell.

On motion, Dr. D. W. Stormant was appointed to deliver the next public address.

On motion of Dr. McClure—

Resolved, That we will patronize as far as possible those druggists who do not engage in the sale of patent medicines.

On motion of Dr. Hamilton—

Resolved, That the thanks of this socity are tendered to the trustees of the Congregational Church for the use of their house during the session of the society.

On motion—

The Secretary was instructed to forward a copy of the proceedings of this meeting to the Editors of Paris and Marshall papers, Greenup Tribune, North-Western Medical Journal, and Vincennes Gazette, and that they be requested to publish the same.

On motion, the Society adjourned to meet at Charleston on the last Wednesday in November next.

T. D. WASHBURN, M. D., President.

F. R. PAYNE, M. D., Secretary.

BOOK NOTICES.

REPORT of the Sanitary Commission on the Epidemic Yellow Fever of 1853, Published by Authority of the City Council of New Orleans.

THE fearful epidemic of 1853 throughout the South, and especially in the ill-fated city of New Orleans, is still fresh in the minds of our readers. Its victims, many of them at least, were closely endeared to Northern hearts and Northern homes—too much so indeed to be soon forgotten.

During the summer, while the epidemic was raging with unparallelled violence, invading the most salubrious localities, and selecting its subjects from all classes of society, the attention of the city was thoroughly aroused to its sanitary condition. The Board of Health appointed the Hon. A. D. Crossman Mayor of the city, Drs. E. H. Barton, A. F. Axson, S. D. McNeil, J. C. Simonds and J. L. Riddell, to constitute a Commission, with instructions—

"1st. To inquire into the origin and mode of transmission or propagation of the late epidemic yellow fever.

2d. To inquire into the subject of sewerage and common drains, their adaptability to the situation of the city, and their influence on health.

3d. To inquire into the subject of quarantine, its uses and applicability here, and its influence in protecting the city from epidemics and contagious maladies, and

4th. To make a thorough examination into the sanitary condition of the city, into all causes influencing it in present and previous years, and to suggest the requisite sanitary measures to remove or prevent them, and into the causes of yellow fever in ports and other localities having intercourse with New Orleans."

From a carefully kept meteorological table, the following propositions are, in the opinion of the Commission, demonstrated:

1. What are the several meteorological conditions of yellow fever

and cholera at the commencement, maximum intensity and declination of these two diseases when existing in their epidemic grades.

2. In comparison, it shows that cholera exists in a greater range of temperature and humidity than yellow fever.

3. That these diversities constitute the pabulum for its support, so far as the mere climatic condition is concerned.

4 That a higher solar radiation and atmospheric pressure exists during yellow fever periods than during cholera. Although the atmospheric pressure under which these two diseases prevail are shown by this average table to be about the same, the barometer continuing at a permanently higher grade, more regularly and constantly in yellow fever than in cholera, yet in this latter the fluctuations are much greater; indeed, it is so under all its climatic relations, as is abundantly shown in the large detailed table, too extensive for this summary, of which this is a very condensed abstract.

5. That for the existence of yellow fever a higher range of temperature and of dew point for its commencement and maximum intensity, and that a declension of the former (temp.) to less than 70°, and the latter (dew point) to near 60°, puts a speedy end to its *epidemic* existence.

6. That a larger quantity of rain usually falls, on an average, during the existence of yellow fever than during cholera.

7. The "drying power" is more variable during cholera than during yellow fever.

8. The average duration of epidemic yellow fever has been 58.33 days, and the period of its influence decreasing, while the average duration of cholera has been 37.66 days, and the period increasing.

The inquiry into the origin and mode of transmission or propagation of the epidemic was committed to Drs. Axson and McNeil.

The conclusions to which they have arrived, are the following:

That it has not been derived from abroad, but is of spontaneous origin:

That there existed here, as attested by our records, very peculiar meteorological conditions, known, by general experience, to be capable of producing, in co-operation with local causes, fatal and malignant forms of fever:

That these conditions were present in an exaggerated degree, and impressed upon the prevalent type of disease susceptibilities and habits, assimilating it to another and distinct form of fever:

That this showed in all those localities within the range of the meteorological state or influence, an infectiousness not necessary to, or characteristic of the fever, but purely casual and incidental,

the result of physical causes, and which it loses as soon as those causes are changed or disappear.

The second inquiry was committed to Dr. Riddell. This portion of the report is of very great local interest, but would interest but few of our readers, except those living in our larger cities. From our knowledge of the city of New Orleans, we are satisfied that the plan recommended by Prof. R., if carried out, would do much towards securing for the city at least a partial exemption from the epidemics which have so often swept over it, and which have carried away so many of its most active and enterprising citizens.

Dr. Simonds was charged with the third inquiry, embracing the subject of quarantine. We think a more careful analysis of the facts presented by the correspondence should have been made in reference to this subject. The writer of this portion of the report seems to believe in the contagiousness of yellow fever, although his language is rather indefinite—perhaps we should say cautious. He holds the following language, however, in reference ot the propriety of quarantine :

As regards the propriety of quarantine, the Commission are unanimously of the opinion that a quarantine should be established. Even if of no use as to yellow fever, it will serve to keep out other diseases, equally, if not more, deleterious to our city and its inhabitants. It may prevent the introduction of diseases known and acknowledged by all to be contagious or infectious. It will prevent the introduction of moribund emigrants, and thus by diminishing the number of interments in our city, enable us to ascertain more certainly its degree of salubrity—which cannot be done at present, on account of the disturbing influence thereof. It will require all vessels to arrive in a cleanly condition, and consequently, by compelling the officers to keep their vessels clean during the whole voyage, extend its beneficial effects for weeks anterior to their arrival, and therefore, conduce to the comfort and salubrity of those passengers whose circumstances are such that they cannot protect themselves nor enforce those requirements which are necessary.

The section of the report by Dr. Edward H. Barton occupies the larger portion of the volume. We have not time to enter into an analysis of it, and if we had we do not know that we

could give as correct an idea of its contents as will be gathered from the following resume:

1st. That the insalubrity of New Orleans, which has now continued for so many years—with some remarkable exceptions—is not natural to her, or *necessarily* incidental to her position; that it is the cause of the high price of everything, and the direct means of retarding her progress to prosperity, and which will continue to exist until effective measures are taken to remove it.

2d. That the direct and *inevitable* change of *climate alone*, is not the sole cause of the mortality of immigrants, but the union of the climatic with the terrene conditions under *different circumstances*, were the efficient agents in the destructive influence on each class of people as pointed out according to nativity; that man cannot become acclimated to the second cause, or terrene (filth, etc.) anywhere, and that the acclimation to our first cause (or atmospheric) would be trifling, if the conditions constituting it were so modified, as was clearly shown to be, in our power.

3d. We have endeavored to prove what were the CONSTITUENTS of the epidemic yellow fever of 1853, that they consisted of certain atmospheric and terrene combinations; that these causes, so far as we had the means of ascertaining, were confined to the limits of the fever district; that it began with these causes and ended with them, throughout the limits of the epidemic region, and that when these ceased, so terminated its influence on man.

4th. That one of these causes (the atmospheric) is more or less present here every summer, and that when the second (or terrene) exists in sufficient amount, an *epidemic* is the certain result, so far as near sixty years' experience will go to prove it; that this terrene condition is mainly composed of extensive disturbances, or upturning or exposure of the original soil of the country; that without this there has been no such epidemic, although between the occurrence of some of them long periods have elapsed; and that its ravages or malignity appears to have been pretty much in proportion to the extent of that disturbance.

5th. That for the existence of an *epidemic*, a wide pervading atmospheric cause being one of the essential elements, an *epidemic disease cannot be imported*, and that as a contagious disease cannot depend upon a *general cause* for its existence, but must derive its qualities from a specific one; epidemic yellow fever is consequently not a contagious disease.

6th. That to constitute an *endemic yellow fever*, the difference of which from an epidemic was fully pointed out, that the *apparent contagion* was only the extension of the epidemic principle, a lesser degree of the same, or what was believed to be equivalent,

(filth of all kinds, and decomposing materials) with a lesser degree or intensity of the first or atmospheric constituent, were essential.

7th. That when these causes did not exist in a sufficiently high degree to produce yellow fever, intermittent, remittent, bilious, or other periodic fevers were the result, demonstrating by the clearest analogy that they proceeded from the same cause, and that they differed only in degree and intensity, a major amount of the very same materials being required to produce yellow fever, as a minor one does for bilious or periodic fevers.

8th. That all these fevers are produced from *local causes*, more or less extensive, and that the fevers, the result of these, were limited to these bounds, that these causes are well understood, and were extensively pointed out in detail, and wherever the epidemic *extended*, there were *causes to localize it*, that where these did not exist, the cases of the epidemic conveyed there did not extend, and that consequently, that all these fevers arising from bad air, are no more contagious or infectious the one than the other, the liability to them is limited to the bad or infected air and personal susceptibility; and finally, that these are *of the greatest importance in their practical bearing on sanitary measures.* And,

9th. That the temporary epidemic cholera, which occurred here early in December, it was shown, depended also upon two conditions, an atmospheric and a terrene; that the first of these was different from that required to produce epidemic yellow fever, although the second was believed to be the same.

From all which the following corollaries were deduced; viz:

1st. That an epidemic yellow fever in New Orleans, if produced by the causes stated in our third proposition, as believed, being known, is controlable, that is, *preventable.*

2d. That an endemic yellow fever, arising from the same or equivalent causes, as above, although in a lesser degree, can also be mainly, if not entirely controlled.

3d. That the causes of bilious or periodic fevers being known also, to arise from a smaller amount, or more diluted condition of the same circumstances, although more general and extensive, and more dependent on personal hygiene, it is in the power, as it is the duty of the civil authorities to mitigate, if they cannot entirely control them; and finally:

4th. That it was demonstrated, that by the proper application of curative measures, by the establishment of proper sanitary laws and police ordinances, rigidly enforced and effectually carried out, New Orleans can be made as healthy as any city in America; and that it was not only the interest of the city to accomplish these important purposes,—but that—

5th. A penalty could be as much enforced upon the civil auth-

orities for neglecting the removal of conditions subversive of health and life, as for any purpose for which society was formed.

The Commission have spared no pains to do justice to the subject committed to their investigation. Circulars were sent to all persons whose opportunities of observation rendered it desirable to have their opinions on the *questiones vexatæ* connected with the epidemic.

The report, both in its manner and its matter, does credit to the Commission, and constitutes a valuable addition to our medical literature. J.

NEEDS, Duties and Privileges of the Medical Profession. By John McCall, M. D., Utica, N. Y.

INTRODUCTORY Lecture to the Class of 1855, of the Medical Department of the University of Missouri. By J. R. Allen, M. D., Prof. of Obstetrics and Diseases of Women and Children.

VALEDICTORY Address to the Graduates of the same Class. By Payton Spencer, M. D., Prof. of Physiology and Comparative Anatomy.

ANALYSIS of Blandon Springs. By Professors J. L. and W. P. Riddell, of the University of La., and Prof. R. T. Brumsby, of the University of Alabama.

THIRTY-EIGHTH Annual Report on the state of the Asylum for the Relief of Persons Deprived of the use of their Reason. Philadelphia, 1855.

THE first of these pamphlets, whose titles are given above, is a miscellaneous essay on physics and metaphysics, morals and religion, as connected with medicine.

The author thinks that "Something more of Positivity is needed in respect to the brain and nervous tissues"—an opinion in which all, no doubt, will coincide. He has evidently studied the French philosophy—is a great admirer of Mons. Auguste Comte, almost worships Gall, Spursheim and Combe, and is a firm believer in the mental and physical degeneracy of the present age. It is difficult to say what the author really thinks or believes in reference to our needs, duties and privileges. The essay, however, contains many excellent sentiments and some valuable facts, which it would be well for the younger members of the profession to remember.

The address of Prof. Allen has for its theme—Man as the subject of Medical Administration. The style and manner is good, and the matter excellent. We cannot forbear giving the following closing paragraphs, which contain the author's ideas of the province of medicine.

"What then does the contemplation of man in his medical relations, if I may so express it, involve?

It embraces, as we have said, an inquiry into his whole constitution, physical, vital, intellectual and moral.

It should view him in every relation into which this compound nature may bring him—it estimates the results of their action and reactions, in numbers yet uncounted, in variety and modes of action, in health and disease, uncalculated.

It includes the observation of disease in all its manifestations; a proper appreciation of the uniting sympathies of a complicated and heterogeneous, yet harmonizing, whole—it duly weighs the recuperative powers of the system; properly estimates the auxiliary powers of art, and decides upon the time to interfere—the remedial agents to be used, and the point at which we should forbear.

Who then is equal to the task? Certainly no one fully. Our faculties are limited. All we can do is to bring every light of science to converge upon the subject, all the maxims of experience to bear upon each case, to invoke the combined indications of all appreciable surrounding circumstances, and upon bases thus derived erect the indications of cure—and then to select from the vast resources of the materia medica and other sources such remedies as are presumed from a knowledge of their action, best to fulfill the end proposed; then leave results to a higher power than our own.

Thus, and thus alone, can we fulfill the implied vows which we take in entering the profession, and thus, and thus alone, will we, as enlightened and honest practitioners, secure the only applause of true value, that of heaven and our own."

The Valedictory Address by Prof. Spence, is devoted to a consideration of the laws of life and health as developed by mortuary and statistical tables. He concludes that in some sections of our country and in England the average duration of human life has rapidly decreased in the last thirty or forty years. This has been caused mainly by the increased mortality among children. The style and views of the author may be gathered in part from the following extracts:

"God does not take little children from our midst because they are too pure for earth; for by purity alone can this temple ever be pu-

rified. Nor does he take them because fathers and mothers are too fond of them; for parent and child are magnets of his own wondrous making, that must ever be drawn to each other by a natural law, which death itself cannot repeal; though death may test its strength, and draw out the sympathies of the living in that strange, bewildering, agonizing search of the kindred spirit that has departed—of the little magnet soul that still attracts—but whence, or how, or whither, the bereaved heart knows not, but only feels its tendrils radiating and stretching out into that deep, dark void of unfathomable mystery—the home of the spirit.

But children die, because fathers and mothers, the proximate and remote progenitors have sowed the seeds of premature death in their systems, and because fathers and mothers and society have not placed them under good hygienic conditions, and fed, clothed, and watered them in obedience to the demands of health. If God sows, he will most assuredly reap. But there is no truth more evident than this, that the harvest of death among children may be and should be diminished by properly directing human efforts."

The last part of the address proposes the remedies for the evils, which are, according to the writer—

First. The awaking in the public mind of a deep and permanent interest on the subject of hygiene and medicine.

Secondly. The diffusion of more perfect knowledge concerning the laws of health, and the relations of the living organism to the external world. The proposed results of this is the prevention of a large number of diseases, and the consequent saving of many lives.

The analyses of Professors Riddell and of Prof. Brumsby, show that the Blandon springs are *alkaline and alkaline sulphuretted.* They have been a favorite resort during the summer months, and we have no doubt but that they may have a happy influence in establishing the secretions which become so often arrested by the malarious influences of the region of the Gulf of Mexico.

The report on the state of the Asylum for the relief of persons of unsound mind, shows the institution to be in a flourishing condition. During the year ending the first of April, there were admitted, forty-two; remaining on hand April 1st., 1854, fifty-seven —making in all ninety-nine patients during the year. Discharged or died, forty; remaining April 1st., 1855, fifty-nine.

Of the forty discharged, seventeen were restored, three much improved, seven stationary, eight died.

Of the fifty-nine remaining, there are restored, three; much improved, two; improved, fifteen; stationary, thirty-nine.

The provisions of the present age for the cure and treatment of the insane are comparatively good, but not equal to the wants of this unfortunate class of community. All of our Asylums are crowded. In our own State of Illinois there is an urgent demand for increased accommodations, and we are glad to know that at the last meeting of our State Society, a Committee was appointed to memorialize the Legislature on that subject, and also upon the question of making some provision for Idiots. J.

A PRACTICAL Treatise on Foreign Bodies in the Air Passages. By S. D. GROSS, M. D, Prof. of Surgery in the University of Louisville, etc., etc., with illustrations. Philadelphia: Blanchard & Lea. 1854.

The work of Dr. Gross is a valuable contribution to statistical surgery. The author has carefully analyzed the cases that have been reported from time to time in the public journals, and in addition has reported about fifty original cases. Bronchotomy is recommended as the only reliable means of removing the foreign body. This should be resorted to as early as possible, unless contra-indicated by special conditions. We have no doubt in our own mind but that this operation often fails from having been delayed until the inflammation of the air passages has become too extensive to admit of recovery. We think this is the reason why tracheotomy for croup has so often been followed by unfavorable results. The work is valuable for reference, and is well worthy of a place in the library of every physician and surgeon. J.

A PRACTICAL Treatise on the Diseases peculiar to Woman, illustrated by cases derived from Hospital and Private Practice. By SAMUEL ASHWELL, M. D., etc. Third American from the third and revised London edition. Philadelphia: Blanchard & Lea. 1855.

The work of Dr. Ashwell has been in the hands of the American public for some years, and it is unnecessary for us to do more than to announce its re-issue from the press of Messrs. Blanchard & Lea. We consider it one of the best works on that subject, and so we presume do our readers, at least that portion of them to whom its pages are familiar. To those unacquainted with it, our advice is, buy it and READ it. J.

EDITORIAL.

To our Subscribers:

When the business department of the Journal passed fully into the hands of the undersigned, at the commencement of the present volume, he promised to make its publication *regular* on the first of every month, and, provided the subscribers would pay up promptly, to improve its whole mechanical and typographical appearance. The first of these promises he has fathfully redeemed, the Journal having been published and mailed regularly during the first few days of each month; and with the present number he commences a very marked improvement in other respects.—The subscribers, however, have hardly done their part. For though more than half of the present volume is now published, yet not *one-third* of those whose names stand on our subscription book have paid for the present year; and there are two or three hundred who have not been credited a single dime during the last *three years*. Such a condition of things ought never to exist. It is unjust to all parties concerned, and is generally the result of simple individual carelessness and procrastination. Two dollars a year is a very small sum, and, of itself, not worth the trouble of collection; but *two* dollars due from each of 1000 or 1100 subscribers, constitutes a sum of very great importance to the publisher of a Journal who is paying the money every month for paper, printing, binding, &c., &c. It is hoped that this simple statement will be sufficient to cause every subscriber who has not paid already, to send along the money immediately.

Bills will be sent to some of those indebted to us, in the present number of the Journal, and to the remaining ones in our next issue. If any receive *bills* that they consider incorrect, they will confer a favor by informing the undersigned without delay, and all errors will be promptly corrected. It will be remembered

that those who are in arrears for past volumes, are liable for $3.00 per annum.

All letters should be directed to N. S. DAVIS, Chicago, Ill.

Illinois State Medical Society.

This Society held its regular annual meeting on the first Tuesday and Wednesday of June, at Bloomington. About forty members were present, the greater part of whom were from the northern and middle sections of the State. At 10 o'clock A.M., on Tuesday, the society was called to order by Dr. C. N. Andrews, the President; and Dr. A. H. Luce, chairman of the Committee of Arrangements, reported the names of those delegates who had presented their credentials. After the usual preliminary business, the following officers were elected for the ensuing year, viz.:

PRESIDENT:

DR. N. S. DAVIS, of Chicago.

VICE-PRESIDENTS:

Drs. F. A. McNEIL, of Mount Morris, and H. NOBLE, of Leroy.

SECRETARIES:

Drs. A. H. LUCE, of Bloomington, and E. ANDREW, of Peoria.

TREASURER:

Dr. J. V. Z. BLANEY, of Chicago.

During the continuance of the annual session, reports were made by the Treasurer and Committee on Publication; by Dr. J. W. Freer, of Chicago, chairman of the Standing Committee on Surgery; by Dr. E. Roe, of Bloomington, chairman of the committee on Practical Medicine; and by Dr. H. A. Johnson, of Chicago, chairman of the Committee on Drugs and Medicines.

The report of Dr. Roe was chiefly occupied with the consideration of Typhoid Fever, and the efficacy of certain remedies in its treatment.

The reporter advocated the doctrine, that a very moderate alterative influence (or "slight salivation") from mercury was decidedly beneficial in the early stage of this variety of fever, and in many instances capable of arresting its progress. This part of the report led to a very interesting discussion, which was participated in by Dr. Roe; Drs Andrews and Clark, of Rockford; Dr

Prince, of Jacksonville; Dr. Rogers, of Peoria Co.; Drs. Bailey and McArthur, of Joliet; Dr. McNeil, of Mount Morris; and Drs. Herrick and Davis, of Chicago. As might be expected ,much diversity of sentiment was expressed in reference both to the nature and treatment of continued fevers. Only a few agreed fully with the chairman of the Committee in reference to the value of mercurials in this form of disease, while it was plainly evident from the whole discussion, that grades of fever widely diverse in the symptoms presented, in the tendencies observed, and in the results btained, have been grouped under the rather popular name of Typhoid Fever. It might almost be said that it had become fashionable to dignify every case of febrile disease, not profound typhus on the one hand nor a plain ague on the other, with the name of Typhoid Fever. Hence we not unfrequently have a protracted enteric fever and the simplest ephemera ranked in the same class. It is evident therefore, that until a more definite rule of diagnosis is established and generally adhered to, it will be vain to look for any approach towards uniformity of views in regard to the treatment of this important class of diseases.

Though that part of the report by Dr. Roe, relating to the prevalence of epidemics in the State, during the past year, was very defective, yet both the report and the discussion to which it gave rise, were highly interesting and profitable.

The report of the committee on Drugs and Medicines, was also listened to with much interest; and an allusion in it to the use of Iodine as an antidote to the poison of serpents, and the probability of its being equally capable of destroying all the animal poisons, led to the relation of some interesting facts by Dr. A. L. McArthur of Joliet.

He stated that by a Railroad accident near Joliet during the past year several persons were very severely burned. Some of these burns resulted in the formation of extensive suppurating ulcers, coupled with general typhoid symptoms. In several instances the pus from these ulcers proved highly poisonous, inoculating the hands of those who dressed the surfaces wherever there happened to be the slightest abrasion of the skin. The symptoms produced by such inoculation, were those of a severe phlegmonous

erysipelas. In these cases the application of the solution of Iodine seemed to be promptly beneficial in destroying the poison. Dr. F. K. Bailey, witnessed some of the same cases, and coincided with the statements of Dr. McArthur. Dr. Roe, of Bloomington, expressed the opinion that Iodine is an effectual antidote to the poison both of syphilis and erysipelas.

On the afternoon of the second day, the retiring president, Dr. C.N.Andrews, of Rockford, delivered his valedictory Address. The subject was, "Medical Progress;" and it was treated in such a manner as to indicate a commendable degree of industry and research on the part of the author. We shall defer any analysis of it until we have it in printed form before us. The usual standing committees were appointed on Practical Medicine, Surgery, Obstetrics, and on Drugs and Medicines. Besides these, there were appointed several special committees, to each of whom was assigned a specific subject for investigation; which will doubtless add much to the interest of the next annual meeting. A committee consisting of Drs. D. Prince, of Jacksonville, J. V. Z. Blaney, of Chicago, and E. Roe, of Bloomington, was appointed to memorialize the next Legislature in favor of providing additional accommodations for the Insane, and for the instruction of imbecile and idiotic children.

Drs. W. B. Herrick, of Chicago, R. Rouse, of Peoria, and F. A. McNeill, of Mt. Morris, were appointed a committee on prize essays, with instruction to offer a premium of fifty dollars for the best essay on some medical subject. Essays designed as competitors for this prize, should be sent to the chairman of the committee on or before the first of April next. Twelve delegates were appointed to attend the next annual meeting of the American Medical Association.

The meeting throughout was characterized by an untiring devotion to its legitimate business, by the most perfect good feeling and social harmony, and will doubtless be remembered with pleasure by all who attended. Vandalia was selected as the place for the next annual meeting, which will be held on the first Tuesday in June, 1856.

Amputation Case.

[The following letters sufficiently explain themselves. We published the article of Dr. Higgins in the March No. of the Journal, because it was requested by the Lasalle Co. Medical Society. We now publish the letters as an act of justice and fairness to the other side. Our only object is, to do justice to all the parties, who are personally strangers to us.]—ED.

TRENTON, Lasalle Co., Ill., May 25, 1855.

To the Editors of the North-Western Med. and Surg. Journal:

GENTLEMEN,—In the March No. of your Journal, my attention was attracted to an article entitled "Amputation," signed J. Higgins, in which there is an evident design, at least it so appears to me, knowing as I do all the antecedents of both parties, to gratify petty jealousies and private spleen, and not as should be and I might say would be the case with an honorable man, professional or otherwise, for the benefit of science.

I am aware it is difficult for all to know the motives which actuate good men, much more bad ones; this probably may account in some degree for the publication of the article in your popular Journal. The writer is fully aware of the object of the Journal, and therefore begs leave to correct any erroneous impressions which may have been made by your admitting the statement of a few facts.

In the fall of 1852, at the request of the same J. Higgins, and upon representations made by him to me (which representations proved to be untrue), I succeeded in obtaining the reluctant consent of the same Doc. ———— spoken of in the amputation article, to enter into copartnership with him. Dr. Weeks, shortly after the union was effected, left for New York city to spend the winter in the hospitals; on his return in the spring, finding that he had been deceived, censured me not a little for misrepresenting J Higgins and his professional business. I undertook to apologize for J. Higgins, but this would not satisfy Dr. Weeks, who told me he could readily submit to pecuniary loss, but that he would not be associated with one whose conduct was as unprofessional and

dishonorable as J. Higgins. He consequently compelled the said Higgins to dissolve the co-partnership. This last act of Dr. Weeks, together with his general good success, is the inception of the "Amputation" article. I send you with this a statement of the case certified to by Dr. Winslow. Yours truly,

C. Todd.

Peru, May 20th, 1855.

Cyrus Todd, Esq., Trenton.

Dear Sir,—As you have read the article in the Chicago Medical and Surgical Journal, of March, signed "John Higgins, M.D.," and wish a statement of the facts in the case, I will give them as near as I recollect.

July 22, 1854, A. Odekirk, of Trenton, was injured in this city by a train of cars passing over the left leg, just above the ankle, as it laid on the rail. I was called soon after and found the leg completely crushed. I called to my aid, Dr. E. Winslow, (who Dr. Higgins says is the best surgeon in town). As amputation was the only thing to be done, we did that in the usual manner (for circular operation) only using the saw for beveling the anterior surface of the tibia, where the forceps are sometimes used for the same purpose. As the article states, an artery spirted blood in my face, I do not recollect—I *have* sometimes got bloody in operations. As to the length of time consumed in performing the operation, I do not know what it was, perhaps half an hour; one thing is certain, it was not hurried, and I have been taught that an operation "was done quick enough when done well." As to the protrusion of the bone, I have never heard of any such occurrence, only through the channel of the article alluded to. But as you know the author, and the probable motive for his appearance in print, I think a longer notice superfluous.

I remain, most respectfully your friend,

J. F. Weeks.

The above is a correct statement of the case.

E. Winslow.

Professor of Surgery in the University of Pennsylvania.

It is known to many of our readers that Professor Daniel Brainard was a candidate for the Chair of Surgery in the University of Pennsylvania, recently vacated by Prof. Gibson. The final action of the Board of Trustees, together with the circumstances attending it, are fairly represented in the following extract from an editorial article in the June number of the New-Jersey Medical and Surgical Reporter. The editor of that journal, by his close proximity to Philadelphia and his intimate acquaintance with the facts of the case, entitle his remarks to full credit. The "personal considerations" and "other influences" spoken of by the editor, refer doubtless to the fact that the extensive family connections of Dr. Smith, (his father being also a member of the Board of Trustees,) exerted an influence in his favor aside from his mere professional qualifications and position While we fully concur with the Reporter in entering a "protest" against allowing any such influences to control appointments in Medical Colleges, and in favor of "public concours," we rejoice with the profession of the North-West, that we are still to have the eminent talents and efficient services of Professor Brainard, in Rush Medical College, for which he has already done so much. The following is the extract from the Reporter, viz. :

"At a meeting of the Trustees of the University, held on Tuesday evening, May 1st, Dr. Henry H. Smith, of Philadelphia, was elected Prof. Surgery, to fill the vacancy caused by the resignation of Prof. Gibson. The vote, we understand, stood eleven for Dr. Smith, nine for Dr. Brainard, of Illinois, and one blank.

Dr. Smith possesses qualifications which fit him in an eminent degree for the responsibile post that he is called to fill, and we hope that his election will be conducive to the best interests of the University. It is not to be concealed, however, that both the faculty, and the profession generally, were not a little disappointed at the result of the election, as, so far as we could learn, professional sentiment had accorded the chair to Dr. Brainard. If we are rightly informed, the latter gentleman was almost the Unanimous choice of the faculty, and was by them recommended to the Trustees. Personal considerations, however, and other influences, prevailed with the Trustees, rather than the wishes of the faculty.

We mention these facts in order that we may enter our protest against the growing propensity that Boards of Trustees have evinced, of late, to trample on the rights of faculties, and not out of opposition to the successful candidate. Personal considerations should have *nothing to do* with such elections, but the candidate whose professional and moral fitness commend him, should be the uniform choice of the Trustees, who should, in the absence of the only just system of election, viz: public concours—ever have a regard for the wishes of the faculties.'

Rush Medical College:

It will be seen by the Annual Announcement of this College, which is issued with the present number of the Journal, that some changes and additions have been made in its faculty, and some very important improvements in regard to a College edifice.

The chair of Physiology and Pathology, vacant during the last three years, has been filled by the appointment of Wm B. Herrick, M. D., who has been for many years Professor of Anatomy and Physiology in the same school.

The chair of Anatomy, made vacant by the transfer of Professor Herrick, has been filled by the appointment of J. W. Freer, of this city. who has filled the place of Demonstrator and Lecturer on Descriptive Anatomy during the last four or five years. The chair of Materia Medica, made vacant by the resignation of Professor McLean, has been filled by the appointment of Dr. H. A. Johnson, of this city, who gave the course of Lectures on Physiogy during the session of 1853–4, with much satisfaction to all parties. To fill the office of Demonstrator and Lecturer on Comparative Anatomy, the faculty have been fortunate in securing the appointment of Prof. E. Andrews, lately connected in the same capacity with the Medical Department of the University of Michigan. These are excellent appointments, and will doubtless prove equally satisfactory to the College and the profession generally. The old College building has been taken down, and the work is making rapid progress towards the completion of a new edifice, with all those improvements and accommodations

which the Institution requires and modern architecture affords.—Though the past history of the Rush Medical College has been one of uniform prosperity, yet the improvement now made will be followed by a more extended patronage, and a still higher reputation.

Prof. John McLean, tendered his resignation soon after the close of the session of 1854–5. The following Preamble and Resolution reported by a committee of the faculty appointed for that purpose, afford but a just tribute to his moral worth and professional attainments:

WHEREAS, John McLean, M. D., of Jackson, Michigan, has been connected with the faculty of Rush Medical College, first in the capacity of Prof. of Practice, and subsequently filling the chair of Materia Medica, from the foundation of the Institution; and whereas. he has this day signified his desire to be relieved from the further responsibility of the chair which he has filled so long and successfully by sending in his resignation of said place, Therefore,

Resolved, That the Faculty of Rush Medical College, in parting with their late colleague, Prof. John McLean, with whom they have been associated for several years, take pleasure in bearing testimony to his high moral qualities, his uniformly, kind and gentlemanly deportment, and his faithful discharge of the duties imposed on him as teacher of an important department of Medical Science.

Diseases of the Eye.

It may be of interest to our readers to know that the managers of the Mercy Hospital in this city, have established a ward in connection with the medical department of the Hospital, specially for the reception and treatment of Diseases of the Eye. The accommodations are very comfortable, and patients can rely on the most careful and well-directed attention.

A pretty full report in reference to the diseases treated in this institution during the past year will be given in our next issue.

Miscellaneous Practical Items:

The following items we copy from the Virginia Medical and Surgical Journal:—Ed.

Alopæcia Circumscripta.—Mr. Startin, of London, has been lately treating baldness in a novel way. He first brushes over the spot with a solution of argent. nitr. (℈ij. ad ℥j.), which is followed, while moist, by one of the hydro sulph. of ammonia A black sulphuret of silver is thus formed, which dyes the skin for a week or more. Whilst this application is evidently an irritant, it is more pleasant than the blistering fluid, cantharidine ointment and such remedies. At the same time the bald spot shows less when stained black, being nearer the color of the hair.

Bronchitis—Chronic.—The use of hydrochlorate of ammonia, in doses of fifteen or twenty grains, is highly spoken of by Dr. Delvaux (*Presse Med. Belge*) as a remedial agent in the treatment of chronic bronchitis. He precedes its administration with a purgative, and enjoins a strict diet during its continuance. Dr. Delvaux alleges that the cough will lessen and the dyspnœa become less, whilst the appetite improves. It causes an increased flow of urine, and also an augmentation of the cutaneous transpiration.

Dysentery.—The sedative influence of creosote has been appealed to by Dr. Wilmot, in the treatment of dysentery, with good results. He recommends this remedy as an enema of one drachm to twelve ounces of starch, and if we are to rely on his statements, there is something valuable in his suggestions.

Enuresis.—It is very well to have at hand various formulæ for this troublesome affection in children; and we select the following, which we owe to the Gazette De Hopitaux.

Dr. Blaschka, of Freyenwalde, uses equal parts of tinct. nucis vomica and tinct. ferri acet, of which 10 or fifteen drops should be taken twice each evening.

Dr. Huber. of Zurick, recommends ext. nucis. vom. 1 part, oxyd. ferr. niger. 48 parts, giving two grains night and morning.

Dr. Naegle gives one grain of tannin night and morning.

Ganglion.—To break what is commonly called a ganglion, and thus disperse the tumor which is often disfiguring the wrist, and about which we are often consulted, it is only necessary to flex the wrist so as to make the skin tense; then let the surgeon seize the hand with both of his and place both the thumbs, one above the other, on the ganglion. It is rarely that such pressure does not

succeed in its object, whereas the usual way of placing the thumbs side by side, by the law of the diffusion of presence in fluids, the two counteract each other, and there is great loss of force.

Glandular Enlargements.—An ointment of black oxide of copper is thought of great value by Prof. Hoppe, of Basle, (*Deutshe Klinik,*) to discuss the various forms of glandular enlargements, so often occurring in practice. He has specially tested its virtues in indurations of the neck and of the salivary glands, goitres, and mammary enlargements. Prof. Hoppe believes that it would be equally applicable in orchitis, swelling of the groin, and in hypertrophied liver and spleen. It is prepared in the proportion of fifteen to thirty grains to the ounce of lard, and the parts to which it is applied should be covered with a bandage.

Hemorrhoids.—Guy's Hospital gives us the following ointment for piles, which happily combines the astringent properties of lead and galls, with an anodyne influence of opium. A good formulæ of this sort will be useful to the country practitioner, who will be frequently consulted with regard to this very common disease: ℞. Gallarum contrit., ℥ij.; Opii (emolliti aquæ cum, ℥j.) ℥ss.; Liq. plumbi. diacet, ℥ij; Adipis, ℥j. ft. ung.

Hydrocele.—Prof. Langenbeck, of Berlin, not being satisfied with the effects of the iodine tincture as an injection in hydrocele, has recently been employing chloroform as a substitute, with the happiest results. He finds that it produces adhesive inflammation more quickly and more surely than the old remedy. After withdrawing the fluid of hydrocele, he injects about one drachm of chloroform, which remains for a short time, and then is allowed to escape. Langenbeck, in the *Deutshe Klinik*, reports four cases treated thus, which were radically cured in two or three weeks.

Porrigo.—This obstinate affection, often met with on the scalp in children, is attacked at Guy's Hospital with a prescription styled "Unguentum Metallorum," and prepared by mixing equal parts of zinc ointment, of the dilute nitrate of mercury, and of the cerate of acetate of lead. It has been very efficacious in porrigo, impetigo, and even in favus.

Scarlatina.—Sixty cases of scarlet fever, treated by Dr. Day, of Stafford, England with nitric acid in full doses, has satisfied that gentleman that he has discovered an important remedy, and he reports his practice in a late number of the Medical Times and Gazette. There is but little difference in his idea of administering the nitric acid, which he uses also to throat as a gargle, and the old prescription of Fothergill, which he used to say "would

pickle their juices,"—the muriatic acid diluted and sweetened with honey, which was employed internally and as a mouth wash. Others prefer lemonade draughts freely administered, which seems to have the same antiseptic virtue, and besides tend to the kidneys and skin. Dr. Day give the nitric acid in larger doses than we are in the habit of doing, and in this consists his only claim to originality.

Skin Diseases.—The active principle of hemlock is an oleaginous fluid called *conein*, and a Russian physician of some note, M. Murrawjeff, has found it efficacious, as an external application, in many of the obstinate diseases of the skin. It is very valuable in toothache, one drop being sufficient to control the pain. Murrawjeff, also, has tried it with advantage in neuralgic and syphilitic pains of the bones, and lastly, as a palliative in scrofulous and cancerous ulcer. Conein should be applied to the skin as an ointment, in the proportion of twelve drops to one ounce of cold cream. In neuralgia, Murrawjeff washes the part with wine, and applies two drops of pure conein, covering with oiled silk. One drop to two ounces of water forms a colyrium of great power; and as a enema, two or three drops may be administered in starch emulsion.—[Med Zeitung Russ.

Spermatorrhœa.—Professor Trosseau believes spermatorrhœa to depend on a spasmodic condition of the vesiculæ seminales, somewhat analogous to the condition of the bladder in enuresis.—He therefore proposes the use of belladonna, both internally, and applied as an ointment to the perineum nightly, and if necessary he advises a suppository of the extract of belladonna in the rectum. M. Trousseau declares that oftentimes an erotic feeling is conjoined to this spasm of the vesiculæ seminales, and suggests the use of bags of hot sand applied to the perineum at night. The use of bromide of potass, in doses of from 15 grs. to ʒss., as recommended by Thielman, will be found to have a decided anaphrodisiac effect.

Syphilis—Secondary.—M. Desmartis, of Bordeaux, declares that after a careful comparison of the effects produced by the different preparations of mercury, he has come to the conclusion that the cyanuret of mercury is of superior value, more especially in syphilis. He states that it never irritates or salivates, and where all the preparations of that metal had failed to produce benefit, that the cyanuret would restore to health, patients whose condition had seemed hopeless. M. Desmartis had also used it beneficially in iritis and syphilitic ulcerations of the nose and fauces.